

**TRANSPORTATION AUTHORIZATION FOR EACH CHILD WHO WALKS OR IS TRANSPORTED TO OR FROM THE
PROGRAM NOT ACCOMPANIED BY HIS/HER PARENT(S)**

NAME OF CHILD CARE PROGRAM: _____

I HAVE MADE ARRANGEMENTS FOR MY CHILD _____

NAME OF CHILD
TO TRAVEL BETWEEN HOME AND/OR SCHOOL AND THE CHILD CARE PROGRAM BY _____

PLEASE INDICATE MEANS OF TRANSPORT, I.E. WALKING, BUS, PRIVATE CAR, BICYCLE, ETC.. _____

I HAVE INFORMED THE CHILD CARE PROGRAM OF MY CHILD'S SCHEDULED DAYS OF ATTENDANCE, ARRIVAL AND DEPARTURE TIMES. **I AGREE** TO NOTIFY THE CHILD CARE PROGRAM PRIOR TO SCHEDULED ARRIVAL TIME, OF ANY SCHEDULE CHANGES OR ABSENCES. **THE CHILD CARE PROGRAM AGREES** TO NOTIFY ME IF MY CHILD DOES NOT ARRIVE AT THE CHILD CARE PROGRAM AS SCHEDULED. **I UNDERSTAND THAT THE CHILD CARE PROGRAM IS RESPONSIBLE FOR MY CHILD ONLY FROM THE TIME HE/SHE ARRIVES AT THE PROGRAM UNTIL HE OR SHE LEAVES THE PROGRAM.**

PARENT SIGNATURE

DATE SIGNED

FAMILY CHILD CARE PROVIDER/CENTER DIRECTOR SIGNATURE

DATE SIGNED

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